

racingscheme (riabs) April 2009 – March 2010

Group Scheme for Temporary Total Disablement and Group Capital Benefits Insurance Scheme, For Paid Stable Workers

Claim Form

All claim forms must be sent **within THREE MONTHS of the date of the accident** to :

SLS, A Crawford Company, 7 King Square, Bristol BS2 8JD. Direct Telephone: 0117 970 5926

Switchboard Telephone: 0117 970 5920 Facsimile: 0117 970 5925 E-mail: michelle.dean@crowco.co.uk

1. A claim for injury benefit will only be considered if your injury arose out of and in the course of an accident either:
 - a. whilst carrying out duties for a trainer or
 - b. during a bona fide journey between your normal place of residence and work and
 - c. the claimant is certified to be unable to return to work due to the accident
2. On acceptance of your claim, benefit is payable under the Racing Industry Accident Benefit Scheme commencing from the 4th day of your incapacity, up to and including the 104th week from the date of the accident, providing that during that time you are certified unfit to return to work as a result of the accident.
3. If you are still disabled 28 weeks after the date of your accident you are advised to notify your local Department of Workers and Pensions (DWP) office with a view to claiming Incapacity Benefit. Telephone 0800 055 6688 or Textphone 0800 023 4888 or online at www.dwp.gov.uk/eservice
4. If you think your injury might have some ill-effect in the future you should, in respect of an accident at work, apply to your local DWP office for a declaration form (BI100A) to record that it was an industrial accident.
5. All notifications received from the DWP in respect of any claim you make should be forwarded to SLS Crawford Company, Loss Adjusters for Racing Industry Accident Benefit Scheme), for scrutiny (these will be returned to you).
6. You are reminded that the purpose of the Racing Industry Accident Benefit Scheme is to maintain your pre-accident net wage (subject to the maximum), with allowance for any statutory benefits. It is therefore important to inform the Loss Adjusters of all statutory benefits which you receive arising from your accident, in order to ensure that no overpayment of benefit is made.
7. In the event of a benefit overpayment arising as a result of incorrect information being supplied to the scheme by the claimant the overpayment will be re-payable in full.
8. It should be noted that no person has any right to receive or require the payment of benefits under the Scheme and that all benefits and payments of benefits are ex-gratia.
9. In the event of death, permanent total disablement from any occupation and partial disablement claims for Death and Capital Benefit will only be considered where a specific request has been made in writing identifying the category under which benefit is sought.

NOTE: Employers are required to pay Statutory Sick Pay (SSP) for up to 28 weeks to employees who are unable to work through incapacity due to, inter alia, to bodily disablement. The amount of SSP varies according to the employee's wage. After 28 weeks employers should complete form SSP1 and forward it to the local DWP office. Employees will then receive, from the 29th week, an invalidity benefit direct from the DWP.

Secretary: Mr J R Arnold, National Trainers Federation, 9 High Street, Lambourn, Hungerford, Berkshire, RG17 8XN

Tel: 01488 71719 Fax: 01488 73005

Trustees: Mr C R Egerton (Chairman) Mr M R Q Henriques Mrs A M Nutting Mr N A D Gaselee Mr J Cornelius (NASS)

PART A - TO BE COMPLETED BY CLAIMANT AND TRAINER

FULL NAME	
DATE OF BIRTH	
CORRESPONDENCE ADDRESS	
NATIONAL INSURANCE NUMBER	
TELEPHONE NUMBER	
EMAIL ADDRESS	
STABLE REGISTRATION CARD NUMBER	
JOB TITLE	
APPRENTICE OR CONDITIONAL OR FULL JOCKEY? HOW MANY RIDES HAVE YOU HAD?	DURING CURRENT SEASON (...) AND DURING THE PREVIOUS TWO SEASONS ()()
<p>HEALTH AND SAFETY HAS THE ACCIDENT BEEN REPORTED TO THE HEALTH & SAFETY EXECUTIVE OFFICE? TELEPHONE 0845 300 9923 FORM F2508</p> <p>HAS INDUSTRIAL ACCIDENT DECLARATION FORM BI 100A BEEN COMPLETED? SEE PAGE ITEM 4, PAGE 1.</p>	<p>YES / NO</p> <p>YES / NO</p>
EMPLOYED BY - TRAINER'S FULL NAME	
EMPLOYED BY - TRAINER'S ADDRESS	
<p>DETAILS OF CLAIMANT'S ACCIDENT</p> <p>a. Date of accident</p> <p>b. Time of accident</p> <p>c. Place of accident</p> <p>d. How did the accident happen</p> <p>e. Nature of claimant's injury</p> <p>f. Nature of duties being carried out</p>	

NAME AND ADDRESS OF TRAINER WHO YOU WERE CARRYING DUTIES OUT FOR IF NOT YOUR REGISTERED EMPLOYER	
DID THE CLAIMANT CEASE WORK IMMEDIATELY AFTER THE ACCIDENT?	YES / NO
IF "NO" WHEN DID THE CLAIMANT CEASE WORK	
DATE OF CLAIMANT'S RETURN TO WORK (IF APPLICABLE)	
CLAIMANT'S NET WEEKLY WAGE AT THE TIME OF THE ACCIDENT AND ENCLOSE A COPY OF THE PAYSリップ.	£ PER WEEK (The net wage is the figure on the payslip after deductions for PAYE and National Insurance but excluding Stable Prize Money Bonus. If a part time worker with a varying weekly wage then an average of the previous 12 weeks applies).
GROSS AMOUNT PAYABLE BY WAY OF SSP (SEE NOTE ON PAGE 1)	
IF PAYMENT IS TO BE MADE OTHER THAN TO THE CLAIMANT THEN THE CLAIMANT SHOULD INDICATE THE PAYEE AND SIGN BELOW.	

CLAIMANT SHOULD NOTE that the purpose of the scheme is to maintain the pre-accident net wage (subject to the maximum) - see paragraph 6 on page 1. Any money paid to the claimant by the trainer under the National Agreement (paragraph 3) in advance of the payments received from the Racing Industry Accident Benefit Scheme which result in the claimant being paid more than his/her pre-accident net wage, must be refunded to the trainer.

JOINT DECLARATION BY CLAIMANT AND TRAINER

We hereby declare that the above particulars are true and complete and that the claim is in respect of an accident that occurred whilst carrying out duties for a trainer/bona fide journey between normal place of residence and place of work.

Claimant's Signature..... Date.....

Trainer's Signature..... Date.....

Trainer's Signature Date.....
(Of trainer if not registered employer)

racingindustryaccidentbenefit scheme (riabs) April 2008 – March 2009

Group Scheme for Temporary Total Disablement and Group Capital Benefits Insurance Scheme, For Paid Stable Workers

Claim Form

The Scheme is administered on behalf of the NTF by SLS, A Crawford Company, 7 King Square, Bristol BS2 8JD.
 Direct Tel: 0117 970 5926, Switchboard Tel; 0117 970 5920, Fax: 0117 970 5925 E-mail: michelle.dean@crawco.co.uk

CLAIM FOR BENEFIT IN RESPECT OF AN ACCIDENT WHILST CARRYING OUT DUTIES FOR A TRAINER

PART B - TO BE COMPLETED BY CLAIMANT'S DOCTOR

1. STATE THE DATE ON WHICH YOU FIRST ATTENDED THE CLAIMANT FOR THE PRESENT INJURIES	
2. GIVE PARTICULARS OF THE NATURE AND EXTENT OF THE INJURIES	
3. ARE THE SYMPTOMS DUE TO THE ACCIDENT ALONE?	YES / NO
4. IF THE ANSWER TO 3 IS "NO" PLEASE STATE THE NATURE OF OTHER CAUSE(S)	
5. PLEASE STATE YOUR OPINION AS TO THE PROBABLE DURATION OF CLAIMANT'S INCAPACITY TO RETURN TO WORK FROM THE DATE OF THIS CERTIFICATE	
6. IF THE INCAPACITY IS AT AN END PLEASE STATE ON WHAT DATE IT CEASED	
7. PLEASE ADD HERE ANY SUPPLEMENTARY REMARKS LIKELY TO BE OF ASSISTANCE	

Name:..... Signature:.....

Qualifications..... Date Completed:.....

Address:.....

Secretary: Mr J R Arnold, National Trainers Federation, 9 High Street, Lambourn, Hungerford, Berkshire, RG17 8XN
 Tel: 01488 71719 Fax: 01488 73005
 Trustees: Mr C R Egerton (Chairman) Mr M R Q Henriques Mrs A M Nutting Mr N A D Gaselee Mr J Cornelius (NASS)